

SUPPLEMENTAL BENEFIT COSTS

JANUARY 1-DECEMBER 31, 2024

Delta Dental PPO Plan A+

	Biweekly				Monthly
	Option 1	Option 2	Option 3	Non-H&W enrollee	Retiree
Member only	\$ 13.27	\$ 13.27	\$ 18.15	\$ 28.00	Not available
Member + 1 Dependent	35.29	35.29	40.17	50.02	Not available
Member + 2 or More Dependents	66.93	66.93	71.82	81.66	Not available

Dental DHMO-DeltaCare USA CAM49

	Biweekly				Monthly
	Option 1	Option 2	Option 3	Non-H&W enrollee	Retiree
Member only	\$ 3.30	\$ 3.30	\$ 10.09	\$ 10.09	\$ 21.86
Member + 1 Dependent	4.60	4.60	19.14	19.14	41.46
Member + 2 or More Dependents	12.30	12.30	28.19	28.19	61.07

Vision Service Plan

	Twice-Monthly				Monthly
	Option 1	Option 2	Option 3	Non-H&W enrollee	Retiree
Member only	No Charge	No Charge	\$ 2.55	\$ 4.61	\$ 9.23
Member + 1 Dependent	\$ 2.07	\$ 2.07	4.62	6.68	13.37
Member + 2 or More Dependents	7.36	7.36	9.92	11.98	23.96

“Biweekly” = 26 times per year; “Twice-Monthly” = 24 times per year; “Monthly” = 12 times per year.

Remember, the above costs only apply if you are selecting some form of supplemental benefits. The basic Health & Welfare Options (1, 2, and 3) do not have any cost to the employee.

THE NEW GROUP ACCIDENT INSURANCE, CRITICAL ILLNESS INSURANCE, AND HOSPITAL INDEMNITY INSURANCE RATES ARE INCLUDED IN THE ENROLLMENT GUIDE INSERTS.

TABLE FOR CALCULATING YOUR SUPPLEMENTAL DISABILITY COSTS

Use this table to calculate your twice-monthly cost for either Level One or Level Two Supplemental Disability coverage.

Supplemental Disability (Standard Insurance Company)

Monthly Salary	Level One Twice-Monthly Cost	Level Two Twice-Monthly Cost	Monthly Salary	Level One Twice-Monthly Cost	Level Two Twice-Monthly Cost
\$ 2,000	\$ 10.38	\$ 13.25	\$ 5,300	\$ 27.51	\$ 35.11
2,100	10.90	13.91	5,400	28.03	35.78
2,200	11.42	14.58	5,500	28.55	36.44
2,300	11.94	15.24	5,600	29.06	37.10
2,400	12.46	15.90	5,700	29.58	37.76
2,500	12.98	16.56	5,800	30.10	38.43
2,600	13.49	17.23	5,900	30.62	39.09
2,700	14.01	17.89	6,000	31.14	39.75
2,800	14.53	18.55	6,100	31.66	40.41
2,900	15.05	19.21	6,200	32.18	41.08
3,000	15.57	19.88	6,300	32.70	41.74
3,100	16.09	20.54	6,400	33.22	42.40
3,200	16.61	21.20	6,500	33.74	43.06
3,300	17.13	21.86	6,600	34.25	43.73
3,400	17.65	22.53	6,700	34.77	44.39
3,500	18.17	23.19	6,800	35.29	45.05
3,600	18.68	23.85	6,900	35.81	45.71
3,700	19.20	24.51	7,000	36.33	46.38
3,800	19.72	25.18	7,100	36.85	47.04
3,900	20.24	25.84	7,200	37.37	47.70
4,000	20.76	26.50	7,300	37.89	48.36
4,100	21.28	27.16	7,400	38.41	49.03
4,200	21.80	27.83	7,500	38.93	49.69
4,300	22.32	28.49	7,600	39.44	50.35
4,400	22.84	29.15	7,700	39.96	51.01
4,500	23.36	29.81	7,800	40.48	51.68
4,600	23.87	30.48	7,900	41.00	52.34
4,700	24.39	31.14	8,000	41.52	53.00
4,800	24.91	31.80	8,100	42.04	53.66
4,900	25.43	32.46	8,200	42.56	54.33
5,000	25.95	33.13	8,300	43.08	54.99
5,100	26.47	33.79	8,333	43.25	55.21
5,200	26.99	34.45			

Deduction amounts per pay period are affected by many factors. The deductions per pay period illustrated in the calculations above are approximations only. All benefits are based upon a \$100,000 maximum annual salary. Please contact OCEA at (714) 835-3355 for additional information.

CALCULATING YOUR SUPPLEMENTAL LIFE INSURANCE COSTS

Supplemental Life (Standard Insurance Company)

Age	Member Only	Member + Dependents
Less than 30	\$ 0.050	\$ 0.070
30-34	0.060	0.080
35-39	0.070	0.095
40-44	0.100	0.135
45-49	0.140	0.185
50-54	0.220	0.285
55-59	0.340	0.435
60-64	0.520	0.655
65-69	0.760	0.970
70-74	1.240	1.570
75 and up	2.240	2.825

The chart to the left shows your twice-monthly cost per \$1,000 of coverage.

Calculation examples are on the next page.

Voluntary Accidental Death & Dismemberment (Standard Insurance Company)

Biweekly Earnings	Coverage	Twice-Monthly Deduction
Less than \$1,500	\$ 50,000	\$ 1.63
1,500-1,999	75,000	2.44
2,000 or more	100,000	3.25

Retiree Life Insurance (Standard Insurance Company)

Age	Coverage	Monthly Premiums
50-54	\$ 10,000	\$ 6.24
55-59	10,000	9.53
60-64	10,000	13.26
65-69	6,500	13.26
70-74	2,000	6.31
75 and up	2,000	11.65

Example: Supplemental Life Insurance Rate Calculation

A 27-year-old member who has a base annual salary (BAS) of \$36,000 elects coverage at two times his/her BAS:

Salary	$\$36,000 \times 2 = \$72,000$	
Salary factor	72	(\$72,000 divided by \$1,000)
Twice monthly rate	<u>x .05</u>	(rate per \$1,000 for members under age 30)
Payroll deduction	\$3.60	member only life coverage

The member decides to cover dependents:

Member salary factor	72	(\$72,000 divided by \$1,000)
Twice monthly rate	<u>x .02</u>	(rate per \$1,000 is based on member's age)
Additional payroll deduction	\$1.44	dependent life coverage

The member is covered for \$72,000, the spouse for \$36,000, children from birth to 26 years for \$7,200.

A 39-year-old member who has a base annual salary (BAS) of \$62,000 elects coverage at two times his/her BAS:

Salary	$\$60,000$ [BAS max at \$60,000] $\times 2 = \$120,000$	
Salary factor	120	(\$120,000 divided by \$1,000)
Twice monthly rate	<u>x .07</u>	(rate per \$1,000 for 35 to 39 year olds)
Payroll deduction	\$8.40	member only life coverage

The member decides to cover dependents:

Member salary factor	120	(\$120,000 divided by \$1,000)
Twice monthly rate	<u>x .025</u>	(rate per \$1,000 is based on member's age)
Additional payroll deduction	\$3.00	dependent life coverage

The member is covered for \$120,000, the spouse for \$60,000, children from birth to 26 years for \$12,000.

Note: For details on determining base annual salary, see the *Supplemental Life Insurance* section of this guide.